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PTO/SB/17 (12-04)

Date March 13, 2006

Approved for use through 07/31/2006.
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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known............. Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/656,644 **Application Number TRANSMIT** September 5, 2003 Filing Date Kerry Charles Broad For FY 2005 First Named Inventor Garcia, Ernesto **Examiner Name** X Applicant claims small entity status. See 37 CFR 1.27 3679 Art Unit (\$) 905.00 Attorney Docket No. MID-PT007 TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) Other (please identify): Money Order Check Credit Card None Deposit Account Name: Volpe and Koenig, P.C. 22-0493 Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity** Small Entity **Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) 200 100 500 250 300 150 Utility 100 50 130 65 200 100 Design 80 160 300 150 200 100 Plant 600 300 500 250 300 150 Reissue O O 200 100 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) **Total Claims** Fee (\$) Extra Claims Fee Paid (\$) Fee (\$) 0.00 0.00 HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Extra Claims Fee (\$) = <u>0.00</u> HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Fee (\$) Number of each additional 50 or fraction thereof Extra Sheets Total Sheets 0.00 ___ (round up to a whole number) x 150 = - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: RCE (\$395) Petition for 3 Month Extension Of Time (\$510) 905.00 SUBMITTED BY Registration No. 51,294 Telephone 215-568-6400 Signature (Attorney/Agent)

Name (Print/Type) September 29, 2003 This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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